# MEDICATION ASSISTANCE

### For Adult DD, Children's DD, and ABI Waiver Providers

**Policy:** To ensure the health and safety of waiver participants, participant's medication regimens shall receive assistance, management and monitoring by providers in accordance with the Developmental Disabilities Division's standards. Effective July 1, 2009, all home and community-based waiver providers, who assist participants with medications, shall develop and implement policies and procedures in accordance to the standards listed herein and adhere to the specified timelines for compliance.

## DIVISION STANDARDS

Waiver providers assisting participants with medication regimens shall comply with the Division's requirements for medication assistance as listed in this policy.

### Consent

The participant or guardian shall give written consent to allow a specific provider or providers to assist with the participant's medication. The consent will allow the specified provider to be recognized as a "friend" in accordance with the Wyoming Nursing Practice Act, Wyoming State Statute 33-21-154(iii), which allows for "the incidental health care by members of the family and friends."

### Instruction

The case manager shall ensure that the assistance needed by the participant is accurately reflected in the plan of care, including any other special instructions or participant education needed for assisting with the medication. All team members shall receive training on the plan of care as required in Wyoming Medicaid rules Chapter 45, Section 26.

### Monitoring

The participant's case manager, in conjunction with designated member(s) of the participant's team, shall oversee the ongoing monitoring of the participant's medication regimen as described in the plan of care.

### Compliance

The provider shall comply with the Division's standards for medication assistance and the provider's own internal medication assistance policies and procedures. Through the provider's policies and procedures, the provider shall ensure that only prescribed medication, or medications specified through consent of the participant or guardian and deemed appropriate by the participant's medical professional, shall be included in the participant's medication regimen; only qualified persons assist a participant with medications; and the participant receives consistent and appropriate assistance with medication as prescribed by the participant's medical professional.

### Oversight

The Division shall oversee provider medication management, assistance and potentially harmful practices by monitoring providers' compliance with these standards through critical incident reports, complaint follow up, certification and recertifications, or as the need of a participant arises.


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## *Key Definitions*

**Behavior Modifying Medication**

Any drug prescribed to manage an individual's behavior in a way that reduces the safety risk to the individual or others; is not prescribed in quantities that unnecessarily interfere with an individual's functional abilities; is considered standard treatment for the individual's medical or psychiatric condition but not prescribed solely for the diagnosis of mental retardation; and is used in conjunction with a comprehensive positive behavior support plan. Any drug used as a restraint is not allowed while the participant is in waiver services.

**Diversion**

Any illicit use of a prescribed substance for a purpose other than that which was intended by the prescriber.

**Medication Assistance**

Help from a caregiver with tasks related to the administration or self-administration of medication as specified in the plan of care. Assistance may include physical assistance, package assistance, verbal prompts, visual monitoring, demonstration, storage, access, and documentation.

**Medication Assistant**

Person who has successfully completed the training by the Division to assist participants with medication in accordance with the Division's requirements.

**Medication Assistant Trainer**

A registered nurse, licensed practical nurse, or person with experience and education requirements of a qualified mental retardation professional, who has successfully completed the Train-the-Trainer Medication Assistance curriculum and is approved to train persons in the Medication Assistance Training curriculum as specified by the Division.

**Medication Consent**

Written permission for a person or entity to help a participant with medications and be recognized as "friends" in accordance with the Wyoming Nursing Practice Act, Wyoming State Statute 33-21-154(iii).

**Medication Regimen**

A systematic medication plan designed to improve and maintain the health of a participant

**PRN**

A Latin phrase meaning *"Pro re nata"*. A term commonly used in medicine to mean "as needed" or "as the situation arises," referring to the dosage of medication that is not scheduled; instead administration is left to the caregiver or the participant's prerogative. PRN administration must follow the participant's plan of care, follow the policies and procedures of the provider who is providing services at the time of usage, and meet the Division requirements for PRN usage, monitoring and documentation.

**Protocol (medical)**

Medical guidelines for a medical treatment, including a treatment plan, procedures to follow, and summarizes practical issues regarding the protocol requirements.

**Standard Medication Assistance Timeframe**

Acceptable timeframe to deliver a scheduled medication dosage is one hour before or after the scheduled time of medication assistance or as prescribed due to special circumstances, such as mealtimes.

## *Monitoring Medication Regimens*

**First line monitoring:** The participant's physician, psychiatrist, or other licensed medical professional who prescribes medications to the participant shall be the first line monitor of the participant's entire medication regimen. The first line monitor shall be accessed by the participant, guardian, case manager and designated team member(s) to conduct regular assessments of medication regimens, side effects, or when concerns arise regarding a participant's treatment plan, health condition or potentially harmful contraindicated medications are used.

**Second line monitoring**: Medication regimens shall have a second line of monitoring conducted by the participant's case manager, in conjunction with designated members of the participant's team. Case Managers shall monitor medication regimens by:

1) Ensuring all medications, medical treatments, and medication assistance are described accurately and fully in the plan of care and updated as needed.
2) Ensuring providers receive training on the participant's plan of care.
3) Conducting reviews of events as defined in elsewhere in this policy.
4) Ensuring professional medical assessments are performed at least annually, or as needed by responsible parties, to include:
    a) Medication reviews to prevent the concurrent use of contraindicated medications and to prevent duplication of the same class of medication
    b) Blood tests and liver function tests to monitor the effects of psychotropic or seizure medications on one's body
    c) To check efficacy of medication to monitor if the medication is doing what it was prescribed to do
    d) Any follow up medical visits needed to monitor the participant's health post-injury/surgery, or after any significant change in treatment plan
5) Documenting review of the participant's health, medical condition, medication regimen, incident reports, PRN usage, and pertinent health risks at least quarterly on the case management quarterly form, or as deemed appropriate for the participant by the participant's medical professional

To support participants safely and prevent and detect potentially harmful practices, the Division requires the waiver provider assisting with medication to have policies and procedures, including the following topics further described herein:

1) Medication Consent
2) Qualified Persons to assist with medications
3) PRN protocol
4) Behavioral Modifying Medications
5) Medication Storage and Labeling
6) Medication Records
7) Medication Assistance Record (MAR)
8) Medications Off-site
9) Medication Incident Reporting

## *Medication Consent* ***Begin implementing form by September 30, 2009***

Providers assisting participants with medications shall receive permission to help a participant with medications; therefore, the standardized Medication Consent form as determined by the Division shall be completed for each waiver participant receiving medication. The form shall include:

1) Participant's name
2) Legal guardian's name, if applicable
3) The names of provider(s) who are given permission to assist with medications
4) A statement explaining that assistance with medications shall be delivered as specified in the participant's plan of care
5) A statement regarding when or why the consent may be rescinded by the participant or guardian
6) The participant or legal guardian's signature
7) Date of signature
8) Expiration date of consent form, not to exceed one year from date signed

### ***Qualified Persons to Assist with Medications Starting December 31, 2009***

Any provider or provider staff, who assists a participant with medication, shall be:

1) A registered professional nurse or other licensed health care professional subject to the provision of their respective licensing law, or
2) A Medication Assistant, who is an unlicensed individual but has successfully completed the required training and is approved to assist waiver participants with medication in accordance with the Division's Medication Assistance policy.

### ***Medication Assistant Compliance by December 31, 2009***

To become a Medication Assistant, the provider or provider staff must complete the required training. Medication Assistance Training includes:

1) An instruction course on the Medication Assistance curriculum, adopted in policy by the Division,
2) Satisfactory completion and demonstration of all tasks in the curriculum, and
3) A satisfactory completion of a competency-based test approved by the Division.

Retraining shall be required at least every two (2) years. If a Medication Assistant has a medication error, retraining may be required before the Medication Assistant can assist with other medications. If the Division or the provider determines retraining is necessary, then retraining shall consist of:

1) An overview of the original curriculum.
2) Observation of medication assistance tasks by a medication assistant trainer or licensed medical professional.
3) Satisfactory completion of a competency-based test approved by the Division.
4) The Division shall maintain a registry and issue certificates of completion to qualified persons, who successfully complete the Medication Assistance training.
5) If a participant needs assistance with medical procedures, such as injections, jejunostomy (J-tubes), gastrostomy (G-tubes), or vital signs, the Medication Assistant is required to have documentation that additional training on these procedures was received from a licensed medical professional and/or from the participant's legal representative.

### ***Medication Assistant Trainer Compliance by December 31, 2009***

To become a Medication Assistant Trainer, the Division shall use a "train-the-trainer" approach to assure providers can have qualified trainers available to train an adequate number of staff as Medication Assistants as to safely assist participants with medications.

Medication Assistant Trainers shall complete the required Medication Assistance training as well as:

1) Satisfactory completion and demonstration of teaching the curriculum and leading demonstration of necessary skills within the Division's curriculum.

2) A satisfactory completion of a competency-based trainer test approved by the Division.

The minimum qualifications to be a Medication Assistant Trainer shall be:

1) A licensed registered nurse or a licensed practical nurse in the State of Wyoming.
    a) The Wyoming State Board of Nursing is aware of the training and allows nurses to conduct the training.
2) If an organization wants a person, who is not a nurse to become a trainer, then the person must:
    a) Receive special permission from the Division in advance,
    b) Have two (2) years of training experience with CPR, First Aid, Mandt, CPI, or related training, and/or
    c) Have a minimum of two (2) years (48 college hours) of college credit and two years (2) experience in the field of developmental disabilities or a high school diploma and four (4) years direct care experience in the field of developmental disabilities.

All providers who employ 20 full-time personnel or more shall have at least two (2) trainers employed or available through contract to keep an adequate number of staff trained as Medication Assistants to meet the needs of the participants served.

Trainers will receive a trainer package from the Division, which will include the items necessary to complete the training.

### *PRN Protocol* *Begin Implementation by September 30, 2009*

The provider shall have policy and procedures for assisting with PRN medication, which are medications given "as needed" for a participant's illness or medical condition. The policy and procedures shall include:

1) Guidelines for how the PRN protocol in a participant's plan of care will be implemented.
2) Who will be designated to do the assessment for the need of a PRN when contacted by a provider or provider employee,
    a) Different types of PRN medications may have different processes to follow.
3) Who will assist or administer the PRN,
4) Who will monitor the participant for side effects after it is taken,
5) How will the usage of the PRN be documented, and
6) Who will analyze the patterns of PRN usage and work in conjunction with the participant's case manager to assure an appropriately trained medical professional continually assesses, monitors, and re-evaluates the participant to determine if the PRN medication is still needed or is still appropriate for the participant's medical condition.
7) How frequent the monitoring will occur, but at least quarterly by the case manager and more frequently as needed for some participants or types of medication.

### *Behavioral Modifying Medication* *Begin Implementation by September 30, 2009*

The case manager, along with designated members of the participant's team, shall be the second line monitor for medication, given for the purposes of modifying a behavior, including prescribed medications and non-prescription sedating medications. The participant's physician or psychiatrist shall always be the first line monitor of a medication regimen.

The provider shall have policy and procedures for assisting and monitoring behavior modifying medication in compliance with the Division's standards. The policy and procedures shall include:

1) The qualified person(s) responsible for assisting the participant with these medications.

2) The qualified person on the participant's team who will be designated to assure an appropriately trained medical professional continually assesses, monitors, and re-evaluates the participant to determine if the behavioral modification medication is still needed, is having adverse effects on the participant, or is still appropriate for the participant's medical condition.
3) How the medication will be used in accordance with the type, frequency, duration, route, and specific instructions as prescribed by the participant's licensed medical professional involved in his/her treatment plan.
4) How the positive behavior support plan in the participant's plan of care will be followed, including the use of less restrictive interventions before using a PRN
5) Specific PRN instructions for behavioral modifying medication, including:
    a) Documentation of the PRN as an internal incident report
    b) The qualified person evaluating the participant face-to-face within one (1) hour after the PRN is taken and documenting the participant's reaction to the PRN.
    c) The types of incidents relating to PRN usage or administration that would be deemed "critical incidents" and reportable to the Division, Department of Family Services (DFS), Protection & Advocacy Systems Inc, the participant's case manager and guardian, if applicable.
    d) The responsible person for reviewing the use of the PRN medication for behavioral modification purposes.
    e) The requirements of the review, including:
        i) Verification that the provider's policies and procedures regarding medication assistance and the participant's PRN protocols in the plan of care were followed.
        ii) Verification that the positive behavior support plan for the participant was followed, including less restrictive techniques.
        iii) Determination if modifications to the treatment plan or medication regimen are needed or should be requested to the participant's medical professional.
        iv) Determination if staff involved in the use and administration of the PRN had received appropriate training in accordance with the Division standards and utilized this training appropriately when assisting with the PRN medication.
        v) Recording the review of each PRN used in the provider's information system and reviewed for:
            (1) Analysis of patterns of use.
            (2) History of use by personnel.
            (3) Environmental contributing factors.
            (4) Assessment of program design contributing factors.
            (5) If PRN usage is suspicious or raises concerns regarding the participant's health and safety, then the provider shall investigate the pattern of use and take action to continuously reduce or eliminate the PRN usage, change medications, or otherwise address the medication regimen under the direction of the participant's licensed medical professional.

***Medication Labeling and Storage*** ***Implementation by September 30, 2009***

Providers' policies and procedures shall adhere to the following standards for medication labeling and storage. Prescription medications and pharmaceutical samples prescribed by a

physician or licensed health professional shall bear the original prescription label or written statement specifying:

1) Participant's name,
2) Medication name,
3) Amount and frequency of dosage, and
4) Name of prescribing physician or other health professional.

Non-prescription medications shall be stored in the original container and shall be accompanied by written instructions from the participant or legal guardian or medical professional specifying:

1) Participant name,
2) Medication name, and
3) Amount and frequency of dosage(s).

All medications shall be stored:

1) In an enclosed space that is inaccessible to participants; or
2) Refrigerated medications will be in a container inaccessible to participants in the home or in a separate refrigerator.
3) If medications are not in stored in bubble packs from the pharmacy, then medications must remain in original, labeled containers until transferred to pillboxes by qualified individuals.

### ***Medication Records*** ***Implementation by September 30, 2009***

The qualified person assisting with medications shall have immediate access to current individual records of all medications, including prescription and nonprescription medications used by the participant, both regularly scheduled and PRN, including:

1) Medication name
2) Frequency and Dosage, including strength or concentration
3) Instructions for use, including administration route
4) Potential side effects
5) Drug interactions
6) For prescription medications:
    a) The prescribing professional and phone number
    b) Dispensing pharmacy and contact information

### ***Medication Assistance Record*** ***Implement form by September 30, 2009***

The provider shall use the standardized Medication Assistance Record (MAR) for each participant who receives assistance from the provider with medication. The MAR form shall ensure consistent support and assistance with medications and records each medication taken by the participant. Each participant requiring medication assistance shall have an MAR, including the following list of components:

1) Participant name
2) Allergies
3) Medication name(s)
4) Dosage, including strength or concentration of the medication(s)
5) Administration Route(s)
6) Special instructions
7) Date and time of the medication assistance needed
8) Signature of who assisted with the medication (*signature of participant is optional*)

### ***Medications Off-site*** ***Implementation by September 30, 2009***

When medications are given off-site by other designated persons, for reasons such as home visits, special trips, etc., the provider shall ensure:

1) A completed and signed Medication Consent form for the receiving entity is obtained. If the receiving entity is the consenting party, then this form is not needed.
2) The following information and items are given to the receiving entity:
    a) A copy of the participant's Medication Assistance Record (MAR)
    b) Medications needed:
        i) The amount of medicine needed for the event is supplied
        ii) Medication stored and labeled in accordance with the Division's standards
        iii) Provider contact information
    c) The itemized list of medications, amounts, and information are given to the receiving entity and the entity's signature is acquired for receiving the specified medications, amount, and information.

***Medication Incident Reporting*** ***Errors reportable starting July 1, 2009***

Providers shall develop policies and procedures to comply with the following Division's standards for reporting and tracking medication errors and tracking other medication incidents. The provider policies and procedures shall include:

1) Medication Error categories reportable to the Division, to include any occurrence of the following:
    a) Wrong medication
    b) Wrong dosage
    c) Wrong participant
    d) Wrong route
    e) Wrong Time – Deviation from accepted standard time frame
2) Other Medication Incident Reporting categories for internal incidents, to include:
    a) Refusal to take medication,
    b) Dropped medication,
    c) Expired or damaged medication,
    d) Lost or missing medication,
    e) Other medication events determined to need action
3) The method(s) used to rectify problems in a quick and appropriate manner, including possible consultation with the person's physician or other medical professional
    a) The person responsible for reporting
    b) The timeframe for reporting any incident
    c) The incidents, which are reportable to other necessary parties, such as the case manager, guardian, etc.
    d) The responsible party who will review incidents for trends and quality improvement
    e) The system used to track incidents and analyze how the incident happened, how it was rectified, and if other concerns are noted for further follow up.
        i) Analysis of these events is to be performed at least quarterly by the case manager and must include follow up of identified trends.

Medication Errors reported to the Division <u>do not</u> have to be reported to Protection & Advocacy Systems, Inc., Department of Family Services, or police unless the medication error is considered suspected abuse, neglect, self-neglect, and/or a crime, such as medication diversion pursuant to Wyoming Medicaid rules Chapter 45, Section 30.

All Medication errors that meet the Division's criteria shall be reported to the Division via the Critical Incident Reporting process within 24 hours. The Division shall review:

1) If the medication error is an incident that should be reviewed by other investigative parties for further follow up.

2) Provider follow up after the error to review that the action taken by the provider was appropriate in addressing and resolving the incident.
3) Trend analysis on reported errors.
4) If the provider needs to complete a Quality Improvement Plan within 15 days to address the concerns.

***Division Monitoring Responsibility*** ***Beginning September 30, 2009***

The Division shall be responsible for monitoring provider compliance with the Division's medication assistance policy and standards and the provider's own policies and procedures. Monitoring shall occur through:

1) Team Meetings attended by Division staff
2) Plan of Care reviews
3) Critical incident reports
4) Complaints
5) Provider certification or recertification processes
6) Participant File Reviews

The Division shall monitor provider compliance with medication management during team meetings attended, through annual review of the plan of care by waiver specialists, and through a review of provider personnel files to ensure qualified persons are assisting participants with medications. The Division will also maintain a registry for all providers and provider personnel who have completed the Medication Assistance curriculum requirements.

During an initial certification or a recertification of a provider, which occurs at least every two (2) years, the Division will review the provider's training records for persons who are Medication Assistants. A statistically valid sample of Medication Assistant personnel employed by a provider will be reviewed based upon the number of persons trained for that provider according to the Division's registry.

Through a provider medication records review during recertification, the Division will review a statistically valid sample of the number of the waiver participants served at the time of monitoring. The ratio of those participants needing medication assistance to the total sample will be used to estimate the universe of those requiring medication assistance. A statistical sample of participant files requiring medication assistance will be reviewed, including case management documentation of monitoring and follow-up.

Effective July 1, 2009, the Division will also review a representative sample of waiver participant files every two years to verify if the participant is receiving the monitoring, medication management, and assistance with medication in a healthy and safe manner according to the Division standards. The representative sample size should prove to have a 95% confidence level and a margin of error of 5%. The sample files chosen will be identified in July of each year and reviewed throughout that fiscal year.

The Division shall follow up on any identified health or safety concerns regarding medication management by providers. During follow up of a medication management concern, the Division may review the provider's:

1) Medication assistance policies and procedures
2) Provider personnel files
3) Medication error policies and procedures
4) Medication-related forms, including
    a) Incident Reports
    b) Medication Assistance Records (MARs)
    c) Medication Error forms

    d) Medication and/or PRN reviews
5) Case management documentation of follow up

If the Division identifies health, safety, and/or compliance concerns regarding medication management, such as unsafe practices or non-compliance with the Division's standards and requirements, then the provider shall:

1) Rectify the situation as quickly as possible, subject to approval by the Division, and/or
2) Receive re-education on the Division's requirements for Medication Assistance, and/or
3) Train or retrain personnel as needed to safely assist participant's with medication, and
4) Address the areas of non-compliance within the timeline specified by the Division and always before the next recertification is completed.
    a) The Division will conduct training or system improvements based upon an annual review of trend analysis compiled from incident reporting, medication errors, quality improvement plans, complaints, or other source of data compiled by the Division.